

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

STATE FILE NUMBER

37731

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8611

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Belleville 8120	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET (If outside, give location) ADDRESS #4 Signal Hill Place	
3. NAME OF DECEASED (Type or print) First Middle Last ARMENAG NMN KURKJIAN		4. DATE OF DEATH Month Day Year SEPTEMBER 10, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 3, 1908
9. AGE (In years last birthday) 48		10. IF UNDER 1 YEAR Month Days Hours Min. 10 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	
11. BIRTHPLACE (City and state or country) Keghie, Armenia		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Mangig Kurkjian		13b. MOTHER'S MAIDEN NAME Sultan Bohigian	
14. NAME OF HUSBAND OR WIFE Kathryn Kurkjian		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 340-28-5532		17. INFORMANT Address Belleville, Ill Kathryn Kurkjian #4 Signal Hill Pl.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC DECOMPENSATION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) MYOCARDIAL INFARCTION DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHIAL ASTHMA			INTERVAL BETWEEN ONSET AND DEATH 5 YRS.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from SEPT. 8, 1957 to SEPT. 10, 1957 and last saw her alive on SEPT. 10, 1957 Death occurred at 3:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. P. McMillan, M.D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 9/11/57		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 9-13-57		23c. NAME OF CEMETERY OR CREMATORY EAST ST. LOUIS, Illinois	
24. FUNERAL DIRECTOR Joseph J. Kassly - E. ST. LOUIS, ILL.		25. DATE RECD. BY LOCAL REG. SEP 13 '57	
26. REGISTRAR'S SIGNATURE Carl Smith MD			

(Licensed Embalmer's Statement on Reverse Side)

MALEBROA

5221-21-072

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 7541

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above: